

Date _____

**ProLiteracy America & The UPS Foundation
Involving Volunteers in Publicly Funded ESL Programs
Cover Sheet**

Name of Organization _____

Address _____

City State Zip

Primary Phone (_____) _____ E-mail _____

Contact Information Regarding this Proposal

Name _____ Title _____

Address _____

City State Zip

Primary Phone (_____) _____ E-mail _____

Program Information

1. Which of the following describes your program?

- ☐ Part of a K-12 system
- ☐ Part of a Community College
- ☐ A 501(c)(3) Nonprofit Agency
- ☐ Other (what? _____)

2. How many paid ESL teachers does your program have who work with lower-level students? ☐ Part-time ☐ Full-time

3. How does your program provide instruction?

- ☐ From a central site
- ☐ Through multiple sites
- ☐ Both of the above

4. Which of the following is the primary method of providing instruction to lower-level ESL students?

- ☐ Classroom
- ☐ Small group

- ☐ One-to-one tutoring
 - ☐ Independent learning in a computer lab
 - ☐ Individualized group instruction
5. Does your program offer instruction throughout the whole year? ☐ Yes ☐ No
If no, please indicate when your program is closed: _____
6. What is your program's approximate annual budget (including adult basic education, GED, and ESL)? _____
What percentage of the budget comes from WIA funds and state education grants? _____
7. How many total students is your program serving? _____
How many lower-level ESL students is your program serving? _____
8. How many hours of instruction does the average lower-level ESL student receive in a typical month? _____
9. List the assessments your program currently uses with lower-level ESL students:

10. How often does your program reassess lower-level ESL students?
☐ After a specific number of hours of instruction (how many? _____)
☐ After a specific length of time in the program (how long? _____)
☐ Other (what? _____)
11. Location: ☐ Rural (less than 25,000 population)
☐ Mid-sized (25,000 to 250,000 population)
☐ Urban (250,000+ population)

We, the undersigned, support the submission of this proposal:

Name, Agency Director

Signature, Agency Director

Date

Name of Person Who Will Manage Volunteers

Signature of Person Who Will Manage Volunteers

Date

Draft Project Budget

How do you currently envision that you will use the \$20,000 grant to supplement your existing resources and implement this project?

<u>Item</u>	<u>Amount</u>	<u>FT/PT</u>
Salaries & wages (break down by position and indicate if full or part time).		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
Insurance, benefits, & related taxes	\$ _____	
Consultants & professional fees	\$ _____	
Travel (other than that covered by ProLiteracy)	\$ _____	
Staff and volunteer training	\$ _____	
Equipment	\$ _____	
Supplies	\$ _____	
Printing & copying	\$ _____	
Telephone	\$ _____	
Postage	\$ _____	
Other (specify)	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Expenses	\$ _____	

If you think the total project expenses will exceed \$20,000, please list other source(s) of revenue that you have identified:
